

# Medical Navigation in Israel: Description, Advantages and Ethical Considerations

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**ABSTRACT:** Throughout history religious figures have been intimately involved in caring for the sick. Not only have they prayed for the welfare of the sick and arranged for their care but in many instances provided medical care as well. With the advent of scientific medicine, the responsibility for medical care was transferred to trained physicians. A new phenomenon has recently emerged in Israel that has threatened this 'division of labor' between physicians and rabbis, namely, the establishment of medical navigation organizations. Medical navigation can improve access to highly specialized care and help build trust between doctors and patients. However, this system is accompanied by numerous ethical and professional difficulties. For example, it is not clear how referrals are made and to what extent the system should be regulated. The phenomenon needs to be further studied to determine its prevalence in Israeli society as well as its impact on the practice of medicine from the perspective of both physicians and patients.

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Throughout history religious figures have been intimately involved in caring for the sick. These authority figures have not only prayed for the welfare of the sick and arranged for their care but in many instances provided medical care as well. In many cultures this tradition continues, with 'holy' men and women purportedly healing the sick by means of traditional cures and medicines. In fact, the early use of the word doctor referred to "doctors of the church" and only subsequently was used to connote physicians.

While the Talmud is full of folk remedies for diseases recommended by the rabbis, from the Middle Ages on there is a long tradition of combining halakhic (Jewish legal) expertise with the practice of scientific medicine. The most famous example of this combination was Maimonides, who in addition to being the foremost rabbinical figure of his time was

a celebrated physician. However, it is important to note that the medicine Maimonides practiced and advocated was not based on the Talmud but on the teachings of Galen and was considered the most advanced medicine of its time.

Rabbi Joseph B. Soloveitchik, the leader of modern orthodoxy in the twentieth century, described the relationship between medicine and Judaism as follows [1]:

Unlike other faith communities, the halakhic community has never been troubled by the problem of human interference, on the part of the physician and patient with God's will. On the contrary, argues the *halakhah*, God wants man to fight evil bravely and to mobilize all his intellectual and technological ingenuity to defeat it. The conquest of disease is the sacred duty of the man of majesty and he must not shirk it...the *halakhah* remained steadfast in its loyalty to scientific medicine. It has never ceased to emphasize the duty of the sick person to consult a competent physician.

His grandfather, Rabbi Chaim Soloveitchik, the foremost Talmudist of the nineteenth century, was famous for telling his followers to go to physicians not rabbis when confronted with medical problems. In addition, the Jewish tradition's strong emphasis on the sanctity of life, which has perhaps been strengthened after the Holocaust, leads many Jews to seek the best medical care available.

Recently in Israel there have been developments that have the potential to threaten this traditional 'division of labor' between physicians and rabbis. For example, we have witnessed the growth of rabbinic faith healers who, relying on spiritual tools and ancient traditions, have professed the ability to diagnose and cure disease. However, there are also rabbis who do not claim any special powers to cure disease but instead help the patient navigate the complex modern health care bureaucracy.

## MEDICAL NAVIGATION

The most popular and largest medical navigation organization in Israel is *Ezra Lemarpeh*, founded in 1979 with the goal of alleviating the suffering of the sick and helping the families

who care for them. Among the activities of the organization are the lending of medical equipment, flying patients to medical centers around the world, importing rare medicines according to doctors' prescriptions, international telemedicine video conferences, second-opinion clinics with professional experts and counseling, and referral to medical experts. The founder of the organization elaborates [2]:

People come to us not in order to find cure for a disease or to get a prescription; people come to us to find encouragement and advice, to strengthen their feeling of trust and confidence for further management of an illness. They wish to know whether the road that is being offered to them is indeed the right one, or whether they should look elsewhere, by a different doctor, at another center, or using a different method of treatment.

There are many individuals and institutions both in Israel and abroad that provide similar consultative services. The most prominent of these organizations is the Harold P. Freedman Patient Navigation Institute located in New York, founded by Dr. Freedman. The core principles of the Institute are to inform people about the need for recommended examinations and to eliminate barriers to timely care. The barriers addressed are: a) financial – for uninsured patients, b) communication – between patients and physicians, c) medical – related to fragmented care, lost records and missed appointments, d) psychological – related to fear and distrust of the medical system, and e) mundane – such as patient transportation and child care. The Institute's programs are primarily directed at underserved populations and they offer a 2½ day training session leading to certification for potential navigators. The role of the navigator is to [3]:

... provide one-on-one guidance and assistance to individuals as they move through the health care continuum from prevention to the end of life. The principal function of the navigator is to eliminate any barriers to timely screening, diagnosis, treatment and supportive care for each individual. Navigators act as the support hub for all aspects of the patient's movement through the health care system. The navigator's role is to promote smooth and timely continuity of care to the point of resolution.

These organizations do not offer second-opinion clinics or international telemedicine video conferences and seem much more focused on simply helping the patient navigate the complex American health care system.

The practice of medical navigation is growing rapidly in the United States. In 2007 the Freedman Center received

a 2.5 million dollar grant to increase their operations and have trained 280 navigators from more than 35 medical organizations across the country to date. In addition, in 2005, President Bush signed into law the Patient Navigator Outreach and Chronic Disease Prevention Act, which authorizes the Department of Health and Human Services to establish a competitive grant program designed to help patients access health care services. Patient navigation is most frequently used to help guide vulnerable patients with abnormal screening tests or a diagnosis of cancer to the appropriate care providers. For example, women who are immigrants, with lower levels of education, lower incomes and/or without insurance are less likely to get screening mammograms and have more advanced cancers at diagnosis [4].

In addition, randomized controlled studies are being developed to test the hypothesis that patient navigation can lead to better outcomes and decrease the disparities in health care due to socioeconomic factors [5]. These initiatives to help "democratize" medical care can potentially help lessen the inequalities in American health care.

There is also a known network of non-physicians in the USA who provide referrals, usually for a fee, to plastic surgeons and other physicians and are available to discuss with the patient the pros and cons of different aesthetic surgeries. A popular magazine in New York publishes a list each year of the fifty best doctors in each specialty; if a physician is selected it invariably leads to a large increase in referrals. The list was largely developed on the basis of the opinions of other physicians and by its nature is very subjective. The field has exploded with the growth of the internet and there are a multitude of available sites that provide physician recommendations. It is not clear, however, how most of them develop their recommendations.

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## JUSTICE

There are obvious benefits to medical navigation as perceived by its users. From the ethical perspective of the principle of justice, it increases access to the most advanced care to a whole host of citizens who would not otherwise have this access: not only to the ultra-Orthodox who tend to be an economically depressed population but no one who approaches these organizations is turned away. It improves access in two ways. Many socioeconomically disadvantaged patients are simply not aware of the options available to them and medical navigators can provide this knowledge. Numerous studies throughout the world have shown that even in western countries, poorer patients receive less advanced care and have worse outcomes [6]. In addition to knowledge, navigators can provide access through their personal contacts with hundreds of specialists, and a word from them may enable a patient to receive a much sought-after appointment.

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## TRUST

Medical navigators can also help to increase the trust between patients and physicians. If the patient has been referred to a doctor by a navigator, this might help create a mutually trusting relationship between the doctor and patient. Over the last twenty years there has been a profound change in the doctor-patient relationship and one crucial element that has emerged from the perspective of both the patient and physician is the lack of trust. In the past, when a patient walked into the doctor's office for the first time there was an implicit level of trust on both sides; now many patients and physicians fear that they are entering into an adversarial relationship and not a therapeutic one. A recommendation from a medical navigator can help restore this important component of the doctor-patient relationship.

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## ACCOUNTABILITY

Many people have commented on the lack of accountability in the medical system. In most western countries there are adequate systems to deal with issues of malpractice or negligence, but how can one assure that physicians are providing the optimal level of care to their patients? Physicians have been wary of third parties assessing their care and only recently have physician professional organizations begun to take this responsibility. The American Board of Internal Medicine and other professional societies in the U.S. have begun to require recertification, but this hardly exists in Israel. With the advent of sophisticated information management systems, there have been attempts to use this technology to assess physician performance. Medical navigation organizations provide an element of accountability to the system. Theoretically, patients will be referred to outstanding physicians with excellent results and this will encourage other doctors to improve their performance. A medical navigation organization can theoretically serve as an independent "watchdog" of the medical profession,

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## INCENTIVES

However, there are some ethical difficulties with this system. It is not known how navigators decide to which doctors to refer patients. If based on the word of mouth of other physicians, it is open to many biases and subjective recommendations. If based on an analysis of patient outcomes, that is also open to bias as it is well known that for physicians who care for the sickest patients the outcomes might be worse and these factors need to be controlled for. There is also the potential for financial abuse. No one is accusing the existing medical navigation organizations of financial improprieties, but the system is fraught with inherent difficulties. If

someone else would try to operate a similar system how can we be sure that no financial incentives are permitted? For example, are physicians allowed to donate to the organization? And, will donations from patients lead to increased access to highly sought-after specialists? Or, perhaps, should navigator and physician relationships be guided by similar guidelines that exist between physicians and representatives of the pharmaceutical industry?

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## DOCTOR-PATIENT RELATIONSHIP

Navigation also has the potential to harm the doctor-patient relationship. If the navigator recommends a different treatment from that advocated by the primary physician or suggests that another surgeon perform the necessary operation, this will lead inevitably to a level of discomfort and an element of distrust in the relationship. It might also harm less well-known but perfectly adequate health care facilities if patients are advised to go to more established centers for treatment. Second opinions are welcomed by many physicians, but one can envision a scenario where a physician's treatment recommendations are subject to the approval of a non-health care professional. It is certainly within the patients' right to discuss their care with who they choose, but bringing a third party into the discussion has the potential to further weaken the important partnership between doctor and patient.

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## SCARCITY

There are also difficulties with one of the underlying assumptions of the whole system. In the world of many medical navigators, everything must be done at all costs for every patient. But that is an unrealistic assumption in the world of modern health care. When a navigator recommends certain tests or treatments, are they taking into account the limitations of the health care budget? The state simply cannot afford the most expensive chemotherapeutic agents or the cost of a PET scan for every patient who is considered to need it. On some level every health care system must ration precious resources in an equitable and just manner. Physicians who say no to these interventions are then put into an uncomfortable position. It also creates difficulties for patients and their families who are forced to raise thousand of shekels or mortgage their homes for interventions of dubious utility. One of the most difficult lessons a physician has to learn is how to explain to patients that modern medicine is not able to cure every disease; do medical navigators also learn how to do this?

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## PROFESSIONALISM

The most difficult ethical question related to the operation of medical navigators is the level of regulation that they require.

Where is the line between the practice of medicine and simply giving advice? Certain market forces are creating and sustaining the phenomenon of unregulated medical advisors with no official training who play an increasingly powerful role in Israeli medicine. It appears that some young rabbis or other navigators might want to go beyond simple navigation in their desire to help desperate patients. We fear this possibility. In this context, is it time to develop a list of guidelines for the professional responsibilities of navigators and educational programs for would-be navigators leading to certification and registration?

## CONCLUSIONS

As emphasized above, medical navigation organizations do provide an important service for thousands of desperately ill patients in Israel, but it is equally clear that there are ethical difficulties with the model that have not been adequately addressed by the Israeli public or medical establishment. We believe that the Israeli experience is different from that practiced in the United States for a number of reasons. In Israel, medical navigation is primarily provided by religious figures, which adds an element of authority to the recommendations, and navigators tend to play a more active role in determining appropriate care. Civic involvement in health care can be a powerful tool for the improvement of services but needs

to be separated from the care of the individual patient. The navigation phenomenon needs to be further studied to see how prevalent it is in Israeli society, and ethical and professional guidelines need to be developed for those who provide medical navigation in Israel.

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## Capsule

### How insulin engages its primary binding site on the insulin receptor

Insulin receptor signaling has a central role in mammalian biology, regulating cellular metabolism, growth, division, differentiation and survival. Insulin resistance contributes to the pathogenesis of type 2 diabetes mellitus and the onset of Alzheimer's disease; aberrant signaling occurs in diverse cancers, exacerbated by cross-talk with the homologous type 1 insulin-like growth factor receptor (IGF1R). Despite more than three decades of investigation, the three-dimensional structure of the insulin-insulin receptor complex has proved elusive, confounded by the complexity of producing the receptor protein. Menting et al. present the first view of the interaction of insulin with its primary binding site on the insulin receptor, on the basis of four crystal structures of insulin bound to truncated insulin receptor constructs. The direct interaction of insulin with the first leucine-rich-repeat domain (L1) of insulin receptor is seen to be sparse, the hormone instead engaging the insulin receptor carboxy-

terminal  $\alpha$ -chain ( $\alpha$ CT) segment, which is itself remodeled on the face of L1 upon insulin binding. Contact between insulin and L1 is restricted to insulin B-chain residues. The  $\alpha$ CT segment displaces the B-chain C-terminal  $\beta$ -strand away from the hormone core, revealing the mechanism of a long-proposed conformational switch in insulin upon receptor engagement. This mode of hormone-receptor recognition is novel within the broader family of receptor tyrosine kinases. The authors support these findings by photo-crosslinking data that place the suggested interactions into the context of the holoreceptor and by isothermal titration calorimetry data that dissect the hormone-insulin receptor interface. Together, these findings provide an explanation for a wealth of biochemical data from the insulin receptor and IGF1R systems relevant to the design of therapeutic insulin analogues.

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Eitan Israeli

**“I have nothing new to teach the world. Truth and non-violence are as old as the hills. All I have done is to try experiments in both on as vast a scale as I could”**

Mahatma Gandhi (1869-1948), leader of Indian nationalism in British-ruled India. Employing non-violent civil disobedience, Gandhi led India to independence and inspired movements for non-violence, civil rights and freedom across the world